


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90023 040 ****61.25

DOCUMENT # N01000008794	
1. Entity Name RIDGE ASSOCIATION OF HEALTH UNDERWRITERS, INC.	

Principal Place of Business 5300 S. FLOIRDA AVE. LAKELAND, FL 33813	Mailing Address C/O WENDEL & CHRITTON, CHARTERED PO BOX 5378 LAKELAND, FL 33807
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2. Principal Place of Business 225 E Lemon St	3. Mailing Address PO BOX 2808
Suite, Apt. #, etc. Suite 351	Suite, Apt. #, etc. #
City & State Lakeland, Florida	City & State Lakeland, Florida
Zip 33801	Country Polk



07142004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3522626		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WENDEL, JOHN F WENDEL & CHRITTON, CHARTERED 5300 S. FLORIDA AVE. LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BODOLAY, ROBERT S 91 LAKE MORTON DR LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Lustman 386 Southampton Blvd Auburndale, Florida 33823 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMICK, TERESA 6816 FORESTWOOD DR W LAKELAND, FL 338112418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect Greg Sale P.O. Box 2 Lakeland, Florida 33802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUSTMAN, JOHN 386 SOUTHAMPTON BLVD AUBURNDALE, FL 338235626 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Steven Schwabe 9 Sun Air Blvd Haines City, Florida 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAIN, LUETTA H P.O. BOX 980 AUBURNDALE, FL 338233444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEDESCO, DEBORAH 91 LAKE MORTON DR LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bruce Davis 722 State Rd 544, Site 215 Winter Haven, Florida 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John E Lustman President 7/19/2004 863 666-2350